

VOLUNTEER GROUP APPLICATION AND AGREEMENT

| Group Name | | | | |
|--|--|-----------------------------------|--------------|--|
| Mailing Address | | | | |
| City | | 5 | State | Zip |
| Contact Person | | | | |
| | FIRST | MI | LAST | |
| Home Phone | | Cell/Bus | iness | |
| Email Address | | | | |
| ALTERNATE CONTACTS: Name | | t one other pers Phon e | on who ca | n serve as group contact. Email |
| (1) | | | | |
| | | | | |
| Group Size | Group Age | Range | | |
| | arents/guardians of | f minors to parti | cipate in th | rs of age) Our organization has is group volunteer project. for minors in our group. |
| Signature of Group Repr | esentative | | | Date |
| VOLUNTEER INTERESTS (Trout Stocking Programs and Presenta Equipment and Propert Skilled Labor (please sp Unskilled Labor Resource Management Research Assistance Special Event Manpowe Other (explain) | tions y (repair and mainecify) (trails, boundary | ntenance) marking/clearin | ng, clean up | |
| | Winter □ Sprin | ng | | |
| ☐ Monday☐ Tuesday☐ Morning☐ Afternoon | - | | = | urday 🗆 Sunday |

VISUAL IMAGE RELEASE

While volunteering our services for the Virginia Department of Game and Inland Fisheries (DGIF), we hereby consent to the use of visual images taken of the group members for official department use and promotions, and for other publicity purposes. We need not inspect or approve of the finished product of any copy using our image.

| Signature of Group Repr | esentative | Date |
|-------------------------|-------------|------|
| Signature or Group hepr | Cocintative | Date |

AGREEMENT:

- 1. We agree to volunteer our time and talents to assist the Virginia Department of Game and Inland Fisheries (VDGIF) in carrying out its mission
- 2. We understand that we will not receive any monetary compensation and that we are not eligible for the benefits offered to state employees.
- 3. We understand that our volunteer services to VDGIF will be considered as legitimate job experience when applying for a related classified position.
- 4. We understand that while on duty and performing functions authorized by VDGIF, we are covered for accident insurance and liability insurance, within the limits and guidelines of the State's Division of Risk Management. This coverage is secondary to the individual's or group's private insurance.
- 5. We understand that with proper notification, either our group or VDGIF may cancel this agreement at any time.
- 6. We understand that, as Group Volunteers, we do not quality for VDGIF Individual Volunteer benefits plan. Individual members of our group may complete a Volunteer Application and become involved in individual regular service or occasional service benefits, and thus accrue benefits.
- 7. We agree to:
 - Complete the duties that we agree and are assigned to do to the best of our ability.
 - b. Arrive on time and notify staff when we are unable to work the scheduled time
 - c. Be courteous and respectful to the public, volunteers and staff.
 - d. Abide by the laws of the State, and VDGIF and CWF policies, rules and regulations
- 8. VDGIF agrees to:
 - a. Provide necessary training, as needed, to complete assignments.
 - b. Provide a safe working environment.

I hereby certify that all entries on this application are true and complete and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any rights as a volunteer in the service of the Virginia Department of Game and Inland Fisheries.

| Signature of Group Representative | Date |
|--|--|
| The VDGIF employee who will serve as agency liais | on for this project/activity, must sign below. |
| signature is required in order to approve this proje | |
| | ect/activity. |

Return form to: Estella Randolph via email estella.randolph@dgif.virginia.gov

Rev. 7/25/19